


ACCOUNT NUMBER:			 CITY OF LOUISVILLE SALES TAX RETURN Mail this form to: City of Louisville Sales Tax Division 749 Main Street, Louisville, CO 80027 ☎ (303) 335-4514
PERIOD COVERED:	FROM: MM/DD/YYYY	TO: MM/DD/YYYY	
DUE DATE:			
TODAYS DATE:			

TAXPAYERS INFORMATION			
COMPANY:		TRADE NAME:	
ADDRESS:		CITY:	STATE:
PHONE:		FAX:	ZIP:

		TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INC. ALL SALES, RENTALS AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE				COMPUTATION OF TAX		
DEDUCTIONS	1	GROSS SALES AND SERVICE	\$		5	AMOUNT OF CITY SALES TAX (3.5%)		
	2	A ADD BAD DEBTS COLLECTED	\$		6	ADD EXCESS TAX COLLECTED		
	2	B ADD TOTAL LINES 1 & 2A	\$		7	ADJUSTED CITY TAX (ADD LINES 5 & 6)		
	3	A	NON TAXABLE SERVICE SALES	\$		8	DEDUCT 3.33% SERVICE FEE IF PAID BY DUE DATE (MAX \$100)	
		B	SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE	\$		9	TOTAL SALES TAX (LINE 7 MINUS LINE 8)	
		C	SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)	\$		10		
		D	BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)	\$		11	TOTAL TAX DUE (LINE 9)	
		E	TRADE-INS FOR TAXABLE RESALE	\$		12	IF RETURN IS FILED AFTER DUE DATE ADD 10% (MIN \$15)	
		F	SALES OF GASOLINE AND CIGARETTES	\$			+ 1% INTEREST PER MONTH	
		G	SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS	\$		13	TOTAL TAX PENALTY AND INTEREST DUE (LINES 11 + 12)	
		H	RETURNED GOODS (ON WHICH CITY TAX WAS PREVIOUSLY PAID)	\$		14	ADJUSTMENT PRIOR PERIODS OF OVER OR UNDERPAYMENT NOTICE	A - ADD
		I	PRESCRIPTION DRUGS / PROSTHETIC DEVICES	\$			B - DEDUCT	
	J	OTHER DEDUCTIONS (LIST)			15	TOTAL DUE AND PAYABLE (MAKE CHECK PAYABLE TO CITY OF LOUISVILLE)		
	K		\$		I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE STATEMENT MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT			
	L		\$		SIGNATURE: _____			
M		\$		TITLE: _____				
3	TOTAL DEDUCTIONS (TOTAL OF LINES 3A thru 3M)		\$		DATE: _____			
4	TOTAL CITY NET TAXABLE SALES & SERVICE		\$					

ADDRESS CHANGE NOTIFICATION			
MAILING ADDRESS:		BUSINESS LOCATION:	
ADDRESS:		ADDRESS:	
CITY/STATE/ZIP:		CITY/STATE/ZIP:	

BUSINESS STATUS CHANGES			
OWNERSHIP CHANGE:		LOCATION OF RECORDS:	
DATE:		COMPANY:	
NEW OWNER:		STREET:	
PHONE:		CITY/STATE/ZIP:	
		BUSINESS CLOSURE:	
		DATE:	